



Attorney Docket No. Le A 38 253

ORIGINAL 1615

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No: 09/787,229

Group Art Unit: 1615

Filed: 04/23/2001

Examiner: H. Sheikh

Inventors: Kanikanti, et al.

Title: Multiple Unit Controlled Food ~~Food~~-Independent Release Pharmaceutical Preparations and Method for Preparing the SameRECEIVED
OCT 11 2002
TECH CENTER 1600/2900

AMENDMENT TRANSMITTAL LETTER

Assistant Commissioner for Patents
Washington, D.C. 20231CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8
The undersigned hereby certifies that this paper and any papers referred to as attached ~~is/are~~ being deposited with the United States Postal Service, with sufficient postage, as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231 on this 4th day of OCTOBER, 2002

Sir:

Transmitted herewith is an Amendment in the above-identified application. The fee for this Amendment has been calculated as follows:

CLAIMS AS AMENDED

| (1) Claims remaining after amendment | | (2) Highest Number Previously paid for | (3) Present Extra | Rate | Additional Fee | Fee Code |
|--|-------|--|-------------------------|---------|-------------------|----------|
| Total Claims 9 * | Minus | ** 9 = | - 0 - x | \$18.00 | = \$0.00 | 103 |
| Independent claims 2 * | Minus | *** 1 = | - 0 - x | \$84.00 | = \$0.00 | 102 |
| First presentation of multiple dependent claims (\$280.00) | | | | 0 | = \$0.00 | 104 |
| Total additional fee for this Amendment | | | | | = \$0.00 | |

* If entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid for" in this space is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid for" in this space is less than 3, write "3" in this space.

The applicant herewith petitions the Commissioner of Patents and Trademarks to extend the time for response to the Office Action dated 05/06/2002 for 2 month(s) from 09/06/2002 to 10/06/2002.

| | Extension Period | Fee |
|-------------------------------------|------------------|------------|
| <input type="checkbox"/> | One Month | \$110.00 |
| <input checked="" type="checkbox"/> | Two Months | \$400.00 |
| <input type="checkbox"/> | Three Months | \$920.00 |
| <input type="checkbox"/> | Four Months | \$1,440.00 |

- ☐ No additional fee is required.
- ☐ A check in the amount of \$_____ is attached.
- ☒ Charge \$ 400.00 to Deposit Account No. 13-3372 for this Amendment.
- ☒ Please charge any additional fees which may be required by this Amendment, or credit any overpayment, to Deposit Account No. 13-3372. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Bayer Corporation
400 Morgan Lane
West Haven, Connecticut 06516
Telephone: (203) 812-3964
Date: October 4, 2002
Jerrie L. Chiu
Attorney for Applicant(s)
Reg. No. 41,670